L 15000084036

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2015 DEC -3 AM 11: 25

K.SALY EXAMINER DEC - 4 2015

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Fore Indepe	endent #15 Skyscraper Holding	gs, LLC	
300000011		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Mark R. Gerenger		
			Name of Person	
			Firm/Company	
52 Riley Road #155				
			Address	
		Celebration, FL 34747		
		markgerenger@gnpdev.com	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Mark R. Ger	renger		407 616-3248 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 DEC-3 AMII: 25

ALLAHASSEE, FLORING

Fore Independent #15 Skyscraper Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on May 12, 2015	and assigned
Florida document number L15000084036	 ,	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
Springfield Lofts, LLC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE BOX)		
D 10 11 11 11 11 11 11 11 11 11 11 11 11		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		is, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	ess
	. F	lorida
	City	llorida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe	d complete performance of my duties, a l agent as provided for in Chapter 605, ered office address, I hereby confirm to	and I am familiar with and F.S. Or, if this document is
company has been notified in writing of this chang	<u>₹</u> e.	

	g Authorized Person(s) authorized to n I from our records:	nanage, <u>enter the ti</u>	tle, name, and address of eacl	h person being adde
MGR = · N			FILED 2015 DEC-3 AMII: 25	
<u>Title</u>	<u>Name</u>	Address	FALL AHASSEE, FLORIO	Type of Action
			HASSEE, FLORING	Add
				□ Remove
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If ar	ective date, if other than the date of filing:
No	te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
doc	rument's effective date on the Department of State's records.
	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
b) T	he 90th day after the record is filed.
	N. 1 22
Dat	ed November 29, 2015
Dat	$\rho_{0} + \rho_{0} = 0$
Dai	
Dat	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00